

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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43	8					
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45	2					
46	2					
47	2					
48	2					
49	2					
50	2					
TOTAL IND.	4					
TOTAL DEP.	5					
TOTAL CLAIMS	9					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
51			2									
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